

Short-Term Rental Damage Inspection Checklist

Property Address

Inspection Date

Inspector Name

Tenant/Guest Name

General Condition

Item/Area	Condition	Damage Noted	Comments
Floors	<div></div>	<div></div>	<div></div>
Walls & Ceilings	<div></div>	<div></div>	<div></div>
Windows & Doors	<div></div>	<div></div>	<div></div>
Furniture	<div></div>	<div></div>	<div></div>
Appliances	<div></div>	<div></div>	<div></div>

Kitchen

Item/Area	Condition	Damage Noted	Comments
Countertops	<div></div>	<div></div>	<div></div>
Sink/Faucet	<div></div>	<div></div>	<div></div>
Cabinets/Drawers	<div></div>	<div></div>	<div></div>
Appliances	<div></div>	<div></div>	<div></div>

Bathrooms

Item/Area	Condition	Damage Noted	Comments
Sink/Vanity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shower/Bath	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mirrors	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bedrooms/Living Areas

Item/Area	Condition	Damage Noted	Comments
Beds/Mattresses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lighting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Notes

Inspector Signature

Date